

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**APPLICATION FOR PUBLIC FUNDS**

<b>1. CANDIDATE AND CANDIDATE COMMITTEE:</b> (a) Candidate Name: _____ (b) Committee Name: _____ (c) Mailing Address: _____ (d) Phone: (Bus) _____ (Res) _____ (e) Social Security Number: _____	<b>2. TYPE OF APPLICATION: (Check One Box)</b> <input type="checkbox"/> Initial Public Fund Application <input type="checkbox"/> Additional Public Fund Application  <b>3. MATCHING PAYMENT PERIOD: (Check One Box)</b> <input type="checkbox"/> Primary/1st Special Election <input type="checkbox"/> General/2nd Special Election
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I \_\_\_\_\_, hereby certify to the Campaign Spending Commission that:

1. I have filed the "Affidavit Of Compliance With Voluntary Campaign Expenditure Limits" form to comply with the voluntary campaign expenditure limit for each election established for my respective office under Section 11-209, Hawaii Revised Statutes ("HRS");
2. I have filed the "Statement Of Intent To Seek Qualifying Campaign Contributions" form and have agreed to all the conditions set forth in that form;
3. I have qualified to be on the election ballot for the:  
Primary/1st Special Election on \_\_\_\_\_  
General/2nd Special Election on \_\_\_\_\_;
4. I have received the minimum qualifying campaign contribution amount of \$ \_\_\_\_\_ for my respective office for this election as provided under Section 11-219, HRS;
5. The total amount of qualifying campaign contributions received this filing is \$ \_\_\_\_\_ (Enter total from the "Statement Of Qualifying Campaign Contributions" form, Line 2);
6. The information on this application and all attached forms are true, correct and complete to the best of my knowledge.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public, State of Hawaii

My commission expires: \_\_\_\_\_

**FOR OFFICE USE ONLY**

- |  |       |
|--|-------|
| 1. Total of Public Funds Certified and Approved for Distribution in Prior Filings..... | _____ |
| 2. Total of Public Funds Certified and Approved for Distribution this Filing.....      | _____ |
| 3. Total of Public Funds Certified and Approved for Distribution this Election.....    | _____ |

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified and Approved By

\_\_\_\_\_  
Date

## STATEMENT OF QUALIFYING CAMPAIGN CONTRIBUTIONS

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

[illegible]

- Form CC-6(A) (Rev. 11/97)

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**EXPENDITURES OF PUBLIC FUNDS REPORT**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

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**1. CANDIDATE AND CANDIDATE COMMITTEE:**

(a) Candidate Name: \_\_\_\_\_

(b) Committee Name: \_\_\_\_\_

(c) Mailing Address: \_\_\_\_\_

(d) Phone: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

**2. TYPE OF REPORT:**

(Check One Box)


☐ Primary/1st Special Election

☐ General/2nd Special Election

Amount of Public Funds Received This Election

\$ \_\_\_\_\_

DATE OF PUBLIC FUND EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	PURPOSE OF PUBLIC FUND EXPENDITURE	AMOUNT OF PUBLIC FUND EXPENDITURE THIS ELECTION

1. SUBTOTAL OF PUBLIC FUND EXPENDITURES THIS ELECTION (THIS PAGE).....  \_\_\_\_\_

2. TOTAL OF PUBLIC FUND EXPENDITURES THIS ELECTION (LAST PAGE THIS LINE ONLY)..... \_\_\_\_\_

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Date  
Form CC-7 (Rev. 11/97)